

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09774562</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1 ✓												
2		1											
3		1											
4		1											
5		1											
6		1											
7		1											
8		1											
9	1 ✓												
10	1 ✓												
11	1 ✓												
12	1 ✓												
13		1											
14		1											
15		1											
16		1											
17	1 ✓												
18	1 ✓												
19		1											
20	1 ✓												
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	12						TOTAL DEP.						
TOTAL CLAIMS	20						TOTAL CLAIMS						

BEST AVAILABLE COPY